

IFW/8  
C.4

<b>AMENDMENT TRANSMITTAL LETTER</b>		DOCKET NO. JR03-01	
SERIAL NO. 10/769,356	FILING DATE 01/30/2004	EXAMINER Compton, Eric B.	GROUP ART UNIT 3726

INVENTOR(S): Jared J. Robert

INVENTION: WEAR-RESISTANT COMPOSITE RINGS FOR JEWELRY, MEDICAL OR INDUSTRIAL DEVICES AND MANUFACTURING METHOD THEREFOR

TO THE COMMISSIONER OF PATENTS AND TRADEMARKS:

Transmitted herewith is a two-page amendment in the above-identified application.

The fee has been calculated as shown below.

-1-	-2-	-3-	-4-	-5-	-6-	-7-
	Claims Remaining After Amendment		Highest Number Previously Paid For	No. of Extra Claims Present	Rate	Additional Fee
TOTAL CLAIMS	1820		20	0	X \$25	0
		MINUS				
INDEP. CLAIMS	3		3	0	X \$100	0
		MINUS				
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$ 0

he entry in column 2 is less than the entry in column 4, write "0" in column 5

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.



The undersigned petitions for a one-month extension of time for filing this document required under 37 CFR 1.136.



A check in the amount of \$ 60.00 is enclosed to cover the fee for the extension of time.

December 11, 2006

Date

12/19/2006 EAREGAY1 00000036 10769356

01 FC:2251

60.00 0P

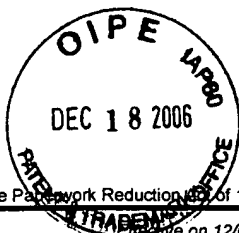
Angus C. Fox, III  
Attorney of Record  
Reg. No. 31,828

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class mail in an envelope addressed to: Mail Stop Amendment Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on December 11, 2006.

The PTO did not receive the following  
listed item(s) CC-B60 but CC Form

Signature of person mailing correspondence



PTO/SB/17 (07-06)

Approved for use through 01/31/2007. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Patent Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

## For FY 2006

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 60.00

**Complete if Known**

Application Number	10/769,356
Filing Date	01/30/2004
First Named Inventor	Jared J. Robert
Examiner Name	Compton, Eric B
Art Unit	3726
Attorney Docket No.	JR03-01

**METHOD OF PAYMENT** (check all that apply)☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_☐ Deposit Account Deposit Account Number: \_\_\_\_\_ Deposit Account Name: \_\_\_\_\_

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, **except for the filing fee**☐ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☐ Credit any overpayments**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>
_____ - 20 or HP = _____	_____ x _____ = _____	<b>Fee Paid (\$)</b>

HP = highest number of total claims paid for, if greater than 20.

<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
_____ - 3 or HP = _____	_____ x _____ = _____		

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ - 100 = _____	_____ / 50 = _____	(round up to a whole number) x _____	= _____	

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): One-month Extension Fee for response to office action **Fees Paid (\$)** 60.00**SUBMITTED BY**

Signature		Registration No. 31,828 (Attorney/Agent)	Telephone 801-225-9000
Name (Print/Type)	Angus C. Fox, III		Date 12/11/2006

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.